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| **Specification** |
| Cornwall and Isles of Scilly Dispersed Accommodation Provision for Individuals Escaping Domestic Abuse |
| Date 25/05/21 v1 |
| Communities and Public Protection Service  Neighbourhoods Directorate |
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# Definitions

**Contract definitions**

**“Contact”**

means: established contact with an individual by phone, face-to-face, or email response

***“*Contract*”***

means: the Contract for the provision of the Services, Supplies or Works, which will be awarded to a successful Supplier;

**“Council”**

means: Cornwall Council, County Hall, Treyew Road, Truro, Cornwall TR1 3AY;

**“Planned exit”**

means: a scheduled departure from service with a completed exit interview

**“Referral”**

means: any request for service

**“Service User”**

means: an individual who accesses services as a result of being impacted by domestic abuse and/or sexual violence

**“Services”**

means:the dispersed unit provision described in this specification

**“Supplier/Provider”**

means: any person or persons, firm or firms or company or companies applying to tender for the Services, Supplies or Works, or, where there is more than one organisation applying, the lead organisation;

**“The Council’s Contract Manager”**

means: the representative of Cornwall Council responsible for arranging and leading Contract Review Meetings

**“The Supplier’s Contract Manager”**

means: the representative of the provider/supplier responsible for attending Contract Review Meetings and actioning any changes

“**High Risk”**

means: a person who has suffered – or potentially suffering – an event that is “life threatening and/or traumatic, and from which recovery whether physical or psychological can be expected to be difficult or impossible ... the potential event could happen at any time and the impact would be serious.

**“Medium risk”**

means: there are identifiable indicators of risk of harm. The offender has the potential to cause harm but is unlikely to do so unless there is a change in circumstances, for example, failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse.

**“Standard risk”**

means: no significant current indicators of risk of harm.

**Complex Needs**

For the purpose of this service specification complex needs means where an individual has multiple needs, vulnerability, disadvantages or co-existing problems and includes:

* Homelessness
* Mental and physical ill health
* Alcohol and drug misuse or dependency
* Domestic Abuse and Sexual Violence

**Domestic abuse and sexual violence**

For the purpose of this service specification domestic abuse includes:

* Domestic abuse,
* Forced Marriage (FM),
* Honour-Based Abuse (HBA),
* Stalking and harassment in the context of domestic abuse,
* Modern slavery in the context of domestic abuse,
* Human trafficking and sexual exploitation in the context of domestic abuse,
* Adverse Childhood Experiences (ACEs) in the context of domestic abuse.

**Domestic abuse**

The cross-government definition of **domestic abuse** is:

“Any incident, or pattern of incidents, of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or are family members, regardless of gender or sexuality.

This includes:

Psychological, physical, sexual, financial and emotional abuse, stalking, So-called 'honour'-based or 'honour' violence and forced marriage and Female genital mutilation”

* **Controlling behaviour** is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.
* **Coercive behaviour** is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Stalking and harassment

Stalking is the repeated (i.e. on at least two occasions) harassment causing fear, alarm or distress. It can include threatening phone calls, texts, emails or letters, damaging property, spying on and following the victim.

Harassment is the act of systematic and/or continued unwanted and annoying actions of one party or a group, including threats and demands.

Forced marriage and honour based abuse

A forced marriage is where one or both people do not (or, in cases where a person lacks mental capacity, cannot) consent to the marriage and pressure or abuse is used.

‘Honour' Based Abuse (HBA) is a form of domestic abuse which is perpetrated in the name of so called ‘honour'. Women, especially young women, are the most common targets, often when they have acted outside community boundaries of perceived acceptable feminine/sexual behaviour.

Female Genital Mutilation (FGM)

Female genital mutilation (FGM) is any procedure that’s designed to alter or injure a girl’s (or woman’s) genital organs for non-medical reasons.

**Sexual violence**

In 2008 the World Health Organisation (WHO) defined its understanding of sexual violence as

“any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic someone’s sexuality, using coercion, threats of harm, or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work”.

Child Sexual Abuse (CSA)

HM Government**[[1]](#footnote-2)** describes **child sexual abuse**:

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

**Child Sexual Exploitation (CSE)**

In February 2017, the Department for Education published a revised definition of Child Sexual Exploitation and updated the associated guidance.

*“Child sexual exploitation is a form of child sexual abuse.*

*It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator.*

*The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.”*

NB: The definition above applies also applies to those adults who may be more vulnerable to the risk of sexual exploitation due to their personal circumstances or additional needs, however, nationally the focus has been on widely reported cases of child sexual exploitation.

Modern slavery, human trafficking and sexual exploitation

Sexual exploitation is one of the forms of slavery that is covered by the new Modern Slavery Act. It is linked to UK human trafficking offences, also covered by the Act, that involve arranging or facilitating the movement of victims (into, out of or around the UK) with a view to exploiting them. Human trafficking is not the same as people smuggling, as the aim is not solely to enter a country illegally but the ongoing exploitation and control of a person when they have arrived.

Charity Stop the Traffik describes human trafficking as being “**deceived or taken against your will, bought, sold and exploited.**” Types of exploitation can include sexual exploitation, forced labour, street crime, domestic servitude or even the sale of organs and human sacrifice. Sex trafficking refers to the trafficking of men, women and children specifically for the purposes of sexual exploitation.

**Harmful sexual behaviour**

Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult.” (derived from Hackett, 2014).[[2]](#footnote-3)

**Adverse Childhood Experiences (ACEs)**

ACEs are stressful or traumatic events that occur in childhood, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have [substance use disorders](http://www.samhsa.gov/disorders/substance-use). ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person’s lifespan, including those associated with substance misuse.

ACEs include:

* Physical abuse
* Sexual abuse
* Emotional abuse
* Physical neglect
* Emotional neglect
* Intimate partner violence
* Mother treated violently
* Substance misuse within household
* Household mental illness
* Parental separation or divorce
* Incarcerated household member

**Domestic Homicide Reviews**

A Domestic Homicide Review (DHR) is a multi-agency review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom they were related or with whom they were, or had been, in an intimate personal relationship, or a member of the same household as themselves. Since 13 April 2011 there has been a statutory requirement for local areas to conduct a DHR following a domestic homicide that meets the criteria. <https://www.gov.uk/government/publications/revised-statutory-guidance-for-the-conduct-of-domestic-homicide-reviews>

# Introduction

**2.1 Purpose**

This document specifies the requirements of the Cornwall & Isles of Scilly dispersed provision for individuals escaping domestic abuse. It sets out the standards and expectations required for the delivery of supported accommodation provision for individuals, and their children, that have experienced or are experiencing domestic abuse.

This specification is written, and should be read, in conjunction with the Terms and Conditions. The terms are the same throughout both documents. Compliance with the Contract will take place through contract monitoring meetings.

The aim of the supported accommodation provision is to provide housing related support and accommodation in a safe and protective environment to women, or men and their children. The services will also provide culturally sensitive housing related support and accommodation to women, or men, and their children from black and minority ethnic communities. This service will be delivered through 7 dispersed units.

This specification is for an initial period of 1 year 2021-2022, with the option to extend following future funding decisions from MHCLG (Ministry of Housing, Communities and Local Government). Cornwall Council will be commissioner for these services on behalf of the Safer Cornwall Partnership. The Safer Cornwall Partnership (Community Safety Partnership) is made up of 6 Responsible Authorities including Cornwall Council, Devon and Cornwall Police, NHS Kernow, Cornwall Fire and Rescue Service, National Probation Service and the Dorset, Devon and Cornwall Community Rehabilitation Company. Domestic abuse and sexual violence has been identified as a high priority for the partnership for 2019-2022. This is described in more detail in the Safer Cornwall Partnership Plan. <http://safercornwall.co.uk/crime-in-your-area/documents-and-publications/>.

The services are designed to provide a place of safety for women, or men, and their children, to:

* Access other services to support safety and recovery including support groups, specialist services such as drug and alcohol services, housing, health care, legal services and social care;
* Access culturally specific support and community groups;
* Maximise their income through benefits and other sources;
* Engage in employment, education and/or training where appropriate.

The services must:

* deliver a ‘Think Family’ and Signs of Safety approach;
* provide a trauma informed environment within each unit;
* place service users at its core and embed a culture of active and innovative methods of service user involvement and co-production which influences and shapes service delivery;
* embody an ethos of ambition for individual and family progress and recovery. Demonstrating a proactive approach and entrepreneurship in developing opportunities for individual progress and sustainable recovery, particularly in partnership with other local services.

This specification will be reviewed regularly and may need to be amended dependent on changes in national policy, identification of changing local need, change in best practice and changes to financial allocations. The provider must be prepared to enter into negotiations with the commissioner if such changes are required and allow for variation of this specification as a result.

Unforeseen situations may emerge which have not been planned for or included within the service specification and the provider may need to work beyond the remit of this specification to ensure that a service user’s needs are fully met. These incidences should be reported to the commissioner to inform future service development.

There is a requirement that the provider will actively work in partnership with any specialist domestic abuse and sexual violence services, and other specialist services including mental health and drug and alcohol services, and will provide data (outputs and outcomes) and contextual information for the Safer Cornwall Domestic Abuse and Sexual Violence Outcomes Framework.

The service must be able to meet the needs of all sectors of the community in Cornwall and the Isles of Scilly, particularly people that may find it harder to access and engage with services and support.

# Background

**3.1 National Context**

* + 1. **National strategy**

National Ending Violence against Women and Girls Strategy 2016-2020

In 2016, the Home Office published its cross-government strategy for tackling violence against women and girls (including domestic abuse); Call to End Violence Against Women and Girls (CEVAWG). The Home Office stated the four key areas of focus for the strategy were; the prevention of violence, the provision of services, working in partnership, and reducing risk by ensuring perpetrators are brought to justice. This included an accompanying action plan which focuses on the following areas:

* Primary prevention; educating and challenging young people about healthy relationships, abuse and consent;
* Protecting people online;
* Traditional harmful practices; including forced marriage and female genital mutilation;
* Earlier identification and intervention to prevent abuse; including moving to an integrated family model of support, strengthening the role of health services, supporting integration, and safeguarding those affected by or involved in gangs;
* Perpetrators: changing behaviours to prevent abuse and reduce offending; a sustainable approach is dependent on changing attitudes and behaviours of offenders;
* Building the evidence base; providing commissioners and service providers with the best available evidence of what works with early intervention and tackling perpetrators
* Support for commissioning in local areas;
* Effective multi-agency working;
* Improving the criminal justice response; including police, CPS, supporting victims and female offenders, prostitution and tackling online offending.

**National violence against Women and Girls Statement of Expectations (December 2016)**

The National statement of Expectations (NSE) sets out what local areas need to put in place to ensure their response to Violence Against Women and Girls (VAWG) issues is as collaborative, robust and effective as it can be so that all victims and survivors can get the help they need. They expect to see local strategies and services that:

* Put the victim at the centre of the service;
* Have a clear focus on perpetrators in order to keep victims safe;
* Take a strategic, system-wide approach to commissioning, acknowledging the gendered nature of VAWG;
* Are locally-led and safeguard individuals at every point;
* Raise local awareness of the issues and involve, engage and empower communities to seek, design and deliver solutions to prevent VAWG.
  + 1. **The Domestic Abuse Act 2021 (including Statutory Guidance Under Part 4)**

The Domestic Abuse Act will:

* create a statutory definition of domestic abuse, emphasising that domestic abuse is not just physical violence, but can also be emotional, coercive or controlling, and economic abuse. As part of this definition, children will be explicitly recognised as victims if they see, hear or otherwise experience the effects of  abuse;
* create a new offence of non-fatal strangulation;
* extending the controlling or coercive behaviour offence to cover post-separation abuse;
* extend the ‘revenge porn’ offence to cover the threat to disclose intimate images with the intention to cause distress;
* clarify the law to further deter claims of “rough sex gone wrong” in cases involving death or serious injury;
* create a statutory presumption that victims of domestic abuse are eligible for special measures in the criminal, civil and family courts (for example, to enable them to give evidence via a video link);
* establish in law the Domestic Abuse Commissioner, to stand up for victims and survivors, raise public awareness, monitor the response of local authorities, the justice system and other statutory agencies and hold them to account in tackling domestic abuse;
* place a duty on local authorities in England to provide support to victims of domestic abuse and their children in refuges and other safe accommodation;
* provide that all eligible homeless victims of domestic abuse automatically have ‘priority need’ for homelessness assistance;
* place the guidance supporting the Domestic Violence Disclosure Scheme (“Clare’s law”) on a statutory footing;
* ensure that when local authorities rehouse victims of domestic abuse, they do not lose a secure lifetime or assured tenancy;
* provide that all eligible homeless victims of domestic abuse automatically have ‘priority need’ for homelessness assistance;
* stop vexatious family proceedings that can further traumatise victims by clarifying the circumstances in which a court may make a barring order under section 91(14) of the Children Act 1989;
* prohibit GPs and other health professionals from charging a victim of domestic abuse for a letter to support an application for legal aid

Part 4 of the Act places a statutory duty on tier one local authorities relating to the provision of support to victims of domestic abuse and their children residing within ‘relevant’ safe accommodation. The legislation requires local authorities to ensure that all victims of domestic abuse have access to the right support within safe accommodation, provides guidance as to what they should do to fulfil their statutory responsibilities and further clarity on how the new duty should be delivered on the ground.

The Government recognises that victims and their children may need to live in a variety of different forms of safe accommodation. ‘Relevant accommodation’ [also referred to as ‘safe accommodation’ throughout the guidance] is specified by the Secretary of State in regulations as:

* Refuge accommodation
* Specialist safe accommodation
* Dispersed Accommodation
* Sanctuary Schemes
* Move-on and/or second stage accommodation
* Other forms of domestic abuse emergency accommodation (i.e a safe accommodation place with support)

**3.1.3 National guidance, programmes and best practice**

* Women’s Aid National Quality Standards for services supporting women and children survivors of domestic abuse;
* HMIC inspection 2014 “Everyone’s business: Improving the police response to domestic abuse”;
* DFID guidance 2015: Addressing violence against women and girls in health programming;
* WHO Resolution on Violence against Women 2014 - World Health Assembly;
* Department of Health “Commissioning services for women and children who experience domestic violence or abuse – a guide for health commissioners”;
* HM Government 2015 “Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children”;
* All Party Parliamentary Group (APPG) 2015 “Conception to age 2: First 1001 days”;
* HM Government 2010 “The right to choose – multi-agency statutory guidance for dealing with forced marriage”;
* National Security Strategy and response to Serious and Organised Crime Local Profiles;
* The Troubled Families Programme;
* The Code of Practice for Victims of Crime (October 2015);
* The Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention, May 2011);
* Multi-Agency Practice Guidelines: Female Genital Mutilation;
* Guidance on regulating childcare in women’s refuges;

|  |  |
| --- | --- |
| **NICE Quality Standards** | |
| QS116 | Domestic violence and abuse |
| QS128 | Early years: promoting health and wellbeing in under 5s |
| QS115 | Antenatal and postnatal mental health |
| QS37 | Postnatal care |
| QS133 | Children’s attachment |
| QS53 | Anxiety disorders |
| QS8 | Depression in adults |
| **NICE Public Health Guidance** | |
| PH50 | Domestic violence and abuse: multi agency working |
| PH40 | Social and emotional wellbeing: early years |
| PH49 | Behaviour change: individual approaches |

Where there are no national standards, the service provider will be required to work in line with best practice guidance.

* + 1. **National outcomes**

**NHS Outcomes Framework Domains and Indicators**

In addition to criminal justice outcomes, domestic abuse and sexual violence services are commissioned to deliver services in relation to all domains.

| Domain 1 | Preventing people from dying prematurely |
| --- | --- |
| Domain 2 | Enhancing quality of life for people with long-term conditions |
| Domain 3 | Helping people to recover from episodes of ill-health or following injury |
| Domain 4 | Ensuring people have a positive experience of care |
| Domain 5 | Treating and caring for people in safe environment and protecting them from avoidable harm |

**Public Health Outcomes Framework**

The Public Health Outcomes Framework[[3]](#footnote-4) focuses on the two high-level outcomes to achieve across the public health system and beyond. These two outcomes are:

Outcome 1: Increased healthy life expectancy. Taking account of the health quality as well as the length of life

Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities. Through greater improvements in more disadvantaged communities.

Domestic abuse and sexual violence services form part of the set of supporting public health indicators that help focus our understanding of how well we are doing year by year nationally and locally on those things that matter most to public health, which we know will help improve the outcomes stated above.

The 2 overarching indicators that the service will be responsible for delivering against are:

|  |  |
| --- | --- |
| **1.11** | Domestic abuse |
| **1.12** | Violent crime (including sexual violence) |

The impact of domestic abuse and sexual violence is far reaching and contributes to 26 of the 70 indicators currently reported through the Public Health Outcomes Framework.

|  |  |
| --- | --- |
| **Domain 1: Improving the wider determinants of health** | |
| **1.01** | Children in low income families |
| **1.02** | School readiness |
| **1.03** | Pupil absence |
| **1.04** | First time entrants to the youth justice system |
| **1.05** | 16-18 year olds not in education, employment or training |
| **1.07** | Proportion of people in prison aged 18 or over who have a mental illness |
| **1.08** | Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services |
| **1.09** | Sickness absence rate |
| **1.11** | Domestic abuse |
| **1.12** | Violent crime (including sexual violence) |
| **1.13** | Levels of offending and re-offending |
| **1.15** | Statutory homelessness |
| **1.18** | Social isolation |
| **Domain 2: Health improvement** | |
| **2.01** | Low birth weight of term babies |
| **2.04** | Under 18 conceptions |
| **2.05** | Child development at 2 – 21/2 years |
| **2.07** | Hospital admissions caused by unintentional and deliberate injuries in under 25s |
| **2.08** | Emotional well-being of looked after children |
| **2.10** | Self-harm |
| **2.23** | Self-reported well-being |
| **Domain 4: Healthcare public health & preventing premature mortality** | |
| **4.01** | Infant mortality |
| **4.03** | Mortality rate from causes considered preventable |
| **4.09** | Excess under 75 mortality rate in adults with servious mental illness |
| **4.10** | Suicide rate |
| **4.11** | Emergency readmissions within 30 days of discharge from hospital |
| **4.13** | Health-related quality of life for older people |

* + 1. **Additional legislation influencing this service:**

**(All relevant updates and amendments to the following legislation to be considered and adhered to for the lifetime of the contract)**

* Crime and Disorder Act 1998
* Welfare Reform Act 2012
* Domestic Violence Disclosure Scheme – “Clare’s Law”
* Domestic Violence, Crime and Victims Act 2004 and the (AMENDMENT) Act 2012
* Children’s Act 2004
* Children and Families Act 2014
* Health and Social Care Act 2012
* Public Services (Social Value) Act 2012
* Modern Slavery Act 2015
* Sexual Offences Act 2003
* National Mental Health Crisis Care Concordat 2014
* Mental Health Act 1983 Code of Practice, Department of Health, 2008
* Department of Health, 2005 “The Mental Capacity Act”. DoH
* Department of Health, 2007 “The Mental Health Act as amended from the 1983 Act”
* Protection from Harassment Act 1997 (as amended)
* Protection of Freedoms Act 2012 (Stalking)
* Forced Marriage Act 2007
* Anti-social Behaviour, Crime and Policing Act 2014
* Domestic Violence, Crime and Victim Act 2004
* Code of Practice for Victims of Crime October 2015
* Equality Act 2010
* Data Protection Act 2018 in accordance with GDPR
* Family Law Act 1996
* Counter-Terrorism and Border Security Act 2019
* Homelessness Reduction Act 2017
* Domestic Abuse Act 2021
* Gender Recognition Act 2004

The provider will comply with all relevant guidance, regulations and statutory circulars that are applicable to the services provided.

**3.2 Local context**

**3.2.1 Local needs analysis**

Local needs in Cornwall and the Isles of Scilly (CIoS) are demonstrated in DOMESTIC ABUSE & SEXUAL VIOLENCE - A needs assessment for Cornwall and the Isles of Scilly Update 2018 which is available on the Safer Cornwall Website. This will be superseded by the 2021 updated Needs Assessment once completed.

<http://safercornwall.co.uk/crime-in-your-area/documents-and-publications/>

**3.2.2 Current Domestic Abuse and Sexual Violence provision in Cornwall**

Current provision for domestic abuse and sexual violence can be found on the Safer Cornwall website <http://safercornwall.co.uk/what-we-do/dasv-hub/>

**3.2.3 CIoS Domestic Abuse and Sexual Violence Strategy**

The CIoS strategy, 2019-2022, priorities are:

We will strengthen our approach to prevention

* Challenge social norms, attitudes and behaviours that tolerate and perpetuate domestic abuse and sexual violence (DASV)
* Raise awareness of DASV
* Deliver evidence based and age specific education activities to encourage healthy relationships, including sexual relationships
* Develop community driven responses to DASV

We will deliver more early intervention

* All frontline staff will be able to identify DASV, and individuals displaying abusive behaviours
* Develop the health response to DASV, including a Health Independent Domestic Violence Advisor and routine enquiry training, so that everyone is asked and given the opportunity to talk about domestic abuse and sexual violence they may be experiencing
* A more consistent referral pathway, so that everyone knows where to go to get help

We will develop an inclusive and needs-led DASV system to support individuals with Complex Needs, because DASV rarely happens in isolation

* Understand the impact of Adverse Childhood Experiences (ACEs) in early years and adults
* Introduce routine enquiry about ACEs into all DASV services
* Implement a single multi-agency plan, with a lead professional to co-ordinate, for each service user affected by multiple problems
* Embed a true multiagency approach and joint working protocol to extend the reach of DASV support to the harder to reach groups including joint assertive outreach programmes
* Refuge provision for people with complex and multiple needs

We will progress and extend support and interventions to change abusive behaviour

* Progress a joint action plan to achieve more positive Criminal Justice System outcomes in DASV offences
* Develop effective pathways and programmes for engaging in abusive behaviours
* Progress the development of a model for a sexual violence community prevention programme
* Services to identify and flag individuals identified to be engaging in abusive behaviours on the relevant systems

We will learn from our lessons the first time

* Improve our process for Domestic Homicide Reviews
* Ensure all learning and recommendations are completed and embedded
* Demonstrate the impact of past improvements
* Develop a service user ‘VOICE’ process for involvement throughout DASV services
* Clarify working process around agenda overlaps between different boards and working groups for serious case reviews
* Sexual Assault Referral Centre operating board to share practice and service delivery to victims of sexual violence across Cornwall and the Isles of Scilly

**3.2.5 Local policy and protocol**

In addition to the national programmes and priorities identified above, Safer Cornwall partnership is committed to commissioning a service which reflects local as well as national strategies, polices and guidance. The provider is expected support the delivery and principles of the following strategies, plans and protocols (not an exhaustive list):

* Safer Cornwall Domestic Abuse and Sexual Violence Strategy
* Safer Cornwall Partnership Plan and Delivery Plan
* Cornwall Council’s Business Plan
* Cornwall Public Health’s Annual Report
* The Cornwall Health and Wellbeing Strategy and Delivery Plan
* Shaping Our Future – Our local Sustainability and Transformation Plan (in development)
* One Vision for Cornwall
* NHS Kernow Mental Health Delivery Plan 2017-2020
* Safeguarding Adults Board business plan and working practices
* Safeguarding Children Partnership business plan and working practices
* Cornwall and the Isles of Scilly Drug and Alcohol Strategies and joint DAAT/DASV protocol
* Cornwall Housing DASV Housing Pathway and Refuge Protocol 2018
* Any recommendations arising through local domestic homicide reviews, Safeguarding Adult Reviews and/or serious case reviews
* Cornwall Reducing Reoffending Strategy
* Rough Sleeping Strategy
* Anti-Social Behaviour Strategy
* Complex Needs Strategy (2019-2023).
  + 1. **Local Outcomes**

**Cornwall Council Cabinet priorities 2019**

The following areas are the named priorities for Cornwall Council. It is expected the service will contribute to the highlighted priorities.

Healthy Cornwall

* **Better health for everyone**
* **Protect and improve the lives of vulnerable adults**
* **Provide care for hospital leavers (less time in hospital)**
* **Increase the aspirations for our young people**
* **Children are healthy, safe and protected from harm**
* Fewer children living in poverty

Homes for Cornwall

* Provide 1,000 homes direct by the Council
* Raise standards of privately rented homes
* Bring empty properties back into use
* Support Land Trusts and other providers to deliver homes
* **Lobby to protect residents impacted by welfare reform**
* **Fewer people living in fuel poverty**

Green and Prosperous Cornwall

* Use Council land to create jobs
* Invest in skills required by current and future employers
* More apprenticeships
* Reduce waste by increasing reuse and recycling
* Support the development of renewable energy and environmental  growth
* Aspiring to a clean Cornwall that residents and visitors are proud of

Connecting Cornwall

* Improve sea, road, rail, air and bus networks
* Link bus and rail timetables, ferries and the airport.
* Give communities more influence to improve roads
* Enhance broadband and mobile connectivity

Democratic Cornwall

* **Communicate better with our communities**
* Lobby for fair funding
* To seek devolution from Whitehall to Cornwall and within the Duchy
* Make Cornwall Brexit ready
* Strengthen local democracy, local decision making and local service delivery

**Safer Cornwall Priorities**

Safer Cornwall have identified the following 4 headline outcomes for 2019-2022. The service is expected to contribute directly to all 4 outcomes.

1. Workforce - Our workforce will know how to assess risk and vulnerability and intervene at the earliest opportunity to prevent escalation of harm Improve outcomes for local communities and increase public confidence, by working more effectively together,
2. Complex needs - Our services will work together to provide effective, co-ordinated and accessible support for people with complex and multiple needs
3. Offenders - We will focus on offenders as well as victims, including prevention and ensuring that those who commit crimes against the most vulnerable are held to account
4. Communities - Our communities will understand the issues in their local area and will feel empowered to get involved in the solutions

# 4. Scope

**4.1 Area and anticipated demand**

CIoS comprises a population of approximately 560,000. It is the second largest local authority area in the South West region and is an area of many contrasts; with remote rural, coastal and environmentally sensitive areas, interspersed with villages and historic market towns; where affluence sits alongside some of the most disadvantaged. More information on CIoS can be found in Safer Cornwall’s Partnership plan <http://safercornwall.co.uk/crime-in-your-area/documents-and-publications/> and detailed information can be found in CIOS DASV Needs Assessment <http://safercornwall.co.uk/crime-in-your-area/documents-and-publications/>

The following table show prevalence estimates and reports to the police for domestic abuse and sexual violence for 2020/21.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Domestic abuse[[4]](#footnote-5)[1]** | | | **Sexual violence[[5]](#footnote-6)[2] (rape and sexual assault)** | |
|  | Estimated prevalence | Reports to the police | | Estimated prevalence | Reports to the police |
| Gender | Victim in the last 12 months | Crimes | Non-crimes | Victim in the last 12 months | Crimes |
| Male | 7,200 | 1,666 | - | 1,400 | 45 |
| Female | 15,400 | 4,249 | - | 6,100 | 553 |
| Children and Young People (under 16) | See note | 111 | - | See note | 513 |
| Total | 22,600 | 6,104 | 3,511 | 7,500 | 1,135 |

The table below shows throughput in domestic abuse services by type of service. It is important to note some service users may have utilised more than one service and therefore may have been counted twice.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Refuge/**  **other**  **Safe accom**  **(Women)** | **Refuge**  **(men)** | **Refuge/other safe accom (CYP)** | **IDVA** | **Recovery interventions** | **REACH helpline** |
| Total | 91 | 14 | 76 | 1,200 | 8000+ | 11,400 |

**4.2 Service description**

The services will be accommodation- based with person-centred flexible outreach support.

Services users will be accommodated on a tenancy or license agreement.

Support will be provided based on an assessment of risk and need. The services must have arrangements in place to provide an emergency out of hours response. The service providers will ensure there are sufficient numbers of staff available to deliver the services throughout the year. This will include but not be limited to:

* All high-risk referrals into accommodation must trigger a referral to MARAC
* Risk assessment, to be completed on arrival, at 10-12 week midpoint, on exit and after any incident/change of risk. Where an assessment (actuarial or professional judgement) indicates high risk or potential for imminent escalation to high risk, a MARAC referral will be made
* Safety planning, including increasing feeling of safety
* Assess Service User’s needs using a Think Family approach, with consideration of DASV provider programmes, and make appropriate referral/s

* Advising Service Users on housing rights and responsibilities, with support to access housing and homelessness services
* Assisting Service Users with any housing related support, including tenancy sustainment and housing benefits claims
* Assisting Service Users in sourcing suitable move on accommodation
* Assisting Service Users in accessing civil legal advice and support to enable them to remain in their own homes protected by civil legal remedies if they choose to do so, including accompanying women to appointments and court where appropriate
* Assisting service users in developing and improving life skills
* Assisting service users in accessing benefits and budgeting/money management
* Assisting service users in accessing health services, including drug and alcohol and mental health services
* Assisting service users to accessing local community services
* Assisting service users to access training, education and employment
* Assisting Service Users identified as having no recourse to public funds or of insecure immigration status.

The services will provide dedicated children’s and young person’s worker(s) who will ensure that the voice of the child is included within the process, that children’s individual needs are met and their welfare is promoted. The worker must establish good relationships and work in partnership with children’s and family services in Cornwall. This will include but not be limited to:

* Assisting service users to develop life skills
* Assisting service users to access schools/nurseries and childcare where appropriate
* To increase expertise in child, young people and family support work within the support service and increase capacity to deliver such work.
* To support children and young people to increase their resilience and build on their strengths
* To strengthen and rebuild relationships between mothers/fathers and their children which violence and abuse may have significantly disrupted
* To provide ‘move-on’ support to children and young people when they leave the accommodation for a period of at least 2 months. Where a family leave the area covered by the service then appropriate referrals to other sources of support can be made, which may include one of the refuge services within Cornwall. Where another provider has the capacity to offer resettlement support then, with the agreement of the service user, a handover of that family will be made to support this transfer.
* To work with and mutually support the achievement of a consistent quality service to children, young people and families across complex needs and DASV services in the County.

The services will also provide resettlement support to the women or men moving on from the service. This is expected to be short-term support, between 2-6 months according to need and to be supported, where appropriate by local DASV and complex needs service provider programmes and workers.

All stays in excess of 26 weeks will be reported to the Commissioner on an exception basis through the Contract Management process, with a rationale for their length and resettlement plans/obstacles.

The service will offer cross county support according to need. Accommodation and support will also be offered to people outside of the County. This will require services to be able to work with and liaise with organisation and services across and outside of the county.

There will be a holistic and Think Family approach to the assessment of need for the delivery of ongoing housing related support, accommodation and other services.

Service users will be assisted to access the full rights and benefits they are entitled to, including with Housing Benefit and Department for Work and Pensions.

Support will be provided to service users to find safe, alternative accommodation where required.

Equally, support will be given to service users who wish to return home; ensuring an agreed and specified safety plan, updated risk assessment and relevant referrals.

The services will be provided by appropriately trained and experienced workers who have a high level of understanding of the specific needs of adults and children experiencing domestic abuse and other vulnerabilities; drug and alcohol use, and mental health issues. Staff will be trained in identifying risk and need, and know referral routes to other agencies. Where staff require training to carry out their role effectively, the service providers will provide training and supervision to develop the necessary skills.

The service providers will be inclusive, striving to meet the needs of service users from all ages, ethnic and social backgrounds. This will include recognising and understanding cultural and religious differences and flexing provision to meet all needs. Where necessary, the service provider will arrange access to interpreting services.

Every service user, including all children and young people, will have an agreed support plan within a maximum of two weeks of entering the service; the minimum requirements will be for an assessment and plan that will focus on the practical, legal, income, family and basic support needs of the service user and children. This will include identifying other agencies that may need to be involved or signposted to in order to meet needs. The support plan should be reviewed at regular intervals, led by the level of need for each service user, but no less than 10 weeks into stay and prior to exit from the accommodation. Service users should be made aware that they can request a review of their support plan at any time during their engagement in the service.

**4.3 Service users**

# The services are for women, or men and their children, who are fleeing domestic abuse, have a need for housing related support, and are willing to engage with the support provision.

The services will support women or men, with or without children. The services will accept both male and female children.

The minimum age of a service user will be 16 years.

Service providers need to ensure that they are able to support individuals with multiple co-existing problems and needs including:

* mental health problems
* alcohol use
* drug use
* learning disabilities
* physical disabilities
* behavioural problems
* Offender issues

The services will be expected to work with all appropriate and involved agencies in meeting the needs of service users through multiagency approaches.

**Exceptions**

Where services are unable to meet needs, e.g. wheelchair access, they will provide support in accessing a service which can.

The service must not refuse to provide a service to people for the following reasons:

* Not being in employment
* Not having benefit arrangements in place
* Not having any form of identification when first accessing the service
* Having no recourse to public funds; there will be no blanket policy of declining service based solely on eligibility to public funds and therefore, where a service user has no recourse to public funds, services will work to the No Recourse to Public Funds Policy with regards to decisions regarding funding and support.

# Statement of Requirements

**Service Aim(s)**

The overall aim of this service is to reduce the risk of serious harm through providing the right response to safeguard individuals and their families from violence and abuse.

**Service Objectives**

The objectives of this service are:

* provide timely, pro-active support which is non-judgemental and flexible to meet service users (adults and children) needs
* promote self-help, empowerment and inclusion, to enable service users to take control of their lives, maintain independence and acknowledge their strengths
* promote service users’ rights to respect, dignity, independence, choice and control, where this does not conflict with safety
* provide support for service users, which encourages them to exercise control over their own lives, to live without abuse, to fulfil their potential and to make informed positive choices for themselves and their children
* enable adults to support and protect their children

# Detailed requirements

# 6.1 Pathways and referral routes

We would expect the provider to work towards shared protocols with interdependencies. It is the duty of the provider to confirm local pathways to and from (but not limited too) Early Help, adult social care, police, mental health and drug and alcohol services, and housing.

Pathways should include timeframes, responsibilities and contact information and should be underpinned by formal agreements between agencies and mechanisms for feedback.

Where regional pathways are relevant, these should be considered to ensure continuity and timeliness.

**6.2 A Trauma informed approach**

Working more effectively with people who have multiple needs is an overarching priority. We have a large and apparently growing number of people who are experiencing domestic abuse and sexual violence along with alcohol and other drug dependence, homelessness, offending and poor mental health. Support for domestic abuse need to be addressed within the wider context of multiple problems, to deliver sustained recovery. Improved skills and confidence in the workforce to identify, assess and refer people with complex needs is required.

Furthermore, as these are most likely to be found in people with a significant number of Adverse Childhood Experiences (ACEs), a trauma informed approach is required to assist people striving to overcome early life trauma as part of their recovery.

The provider will:

* Ensure all staff and volunteers work in a trauma focused approach and work in partnership to respond to complex needs;
* Be able to carry out routine enquiry for ACEs in the approach agreed locally with commissioners;
* Have a system for flagging service users identified with ACEs;
* Provide Trauma-Informed environments within each unit;
* Provide trauma informed support.

**6.3 Mental health**

The Provider will:

* Have a clear policy for working with individuals with mental health issues;
* Have a designated service lead for mental health who attends strategic meetings, steering groups and boards as appropriate to the role;
* Actively support individuals with common mental health problems, such as anxiety management, depression and sleep problems and to engage with a range of mental health services if required;
* Have a system of flagging service users identified with mental health issues; formal diagnosis, keyworker identified mental health issues and mental health service involvement;
* Adopt local referral pathways to support service users, identify gaps and work in partnership to develop pathways with existing providers, ensuring there is no duplication;
* Ensure that workforce training includes mental health awareness.

**6.4 Drug and alcohol**

The provider will:

* Work to the DAAT/DASV protocol for working with individuals who are dependent upon alcohol and other drugs
* Have a designated service lead for drugs and alcohol who attends strategic meetings, strategic groups and boards as appropriate to the role;
* Be familiar with the Substance Misuse on the Premises protocol, supported by Devon and Cornwall Police and be part of any multi-agency approach to dealing with alcohol, other drugs, dual diagnoses and complex needs;
* Ensure that the agreed, Cornwall-wide assessment and brief intervention tools are utilised (AUDIT, DUDIT) identify where service users are drug and/or alcohol users;
* Actively support individuals experiencing problematic use to engage with drug and alcohol services and, where desired, participate in multiagency support plans;
* Adopt local referral pathways to support service users, identify gaps and work in partnership to develop pathways with existing providers, ensuring there is no duplication;
* Ensure that workforce training includes drug and alcohol awareness, screening and identification.
* Ensure Naloxone is stored safely on site and all staff are trained in the administration of Naloxone

**6.5 Children Young People and families**

The provider will:

* Have a designated service lead for children, young people and families who attends strategic meetings, steering groups and boards as appropriate to the role;
* Be part of any multi-agency approach to children, young people and families with a view to collaborative working towards a ‘think family’ approach;
* Actively support individuals to engage with a range of early help services if required;
* Adopt local referral pathways to support service users, identify gaps and work in partnership to develop pathways with existing providers, ensuring there is no duplication;

The provider will balance the needs of parents with active safeguarding and will:

* Make an active contribution to all core groups
* Make an active contribution to Child Protection
* Ongoing and protocol led communication with Children’s Social Care

The provider will comply with Council Standards for Safeguarding and promoting the welfare of children and young people.

The provider will actively take part in and contribute to the CIoS Safeguarding Children’s Partnership (SCP) Multi-Agency Quality Assurance procedures.

The provider will have a ‘Think Family’ approach to delivery which focus on the needs of family members, address inter-generational abuse, support the development of positive parenting techniques and address negative family dynamics.

In delivering a Think Family focused service the provider will ensure that consideration is given to the following questions during every service user contact:

* How are the needs and behaviour of the individual service user impacting on other members of the family?
* Are there any children in the family?
* What kind of contact does the service user have with them?
* If the service user is a parent, does he or she need support in their parenting role?
* Is a child a young carer?
* What kind of care are they providing?
* Is there a vulnerable adult?
* Have the other members of the family, including vulnerable adults and children, been offered an assessment/support?
* What can be done to help the whole family? Which other services are needed to support the family?

The family-focussed requirements are:

* To conduct assessments which identify service users who are parents or carers of children, or spend significant time with children;
* Young Carers will be offered a referral to the Young Carers Service for a Young Carers Assessment;
* Adult Carers will be offered a referral to the Carers Service for a Carers Assessment;
* To identify pregnancy and work with the dedicated midwife;
* To have robust partnership arrangements and referral pathways into Early Help, Social Care and other children services;
* All staff to have received the required levels and updates to safeguarding training (to be monitored through Contract Review meetings, through the Workforce Plan);
* Lead and facilitate multi-agency meetings around the family in the absence of any and develop a ‘Think Family’ support plan.

The provider will develop and maintain a constructive working relationship with children and young people’s services across Cornwall and the Isles of Scilly to ensure the needs of children are being adequately met.

**6.5 DHRs**

The provider will fully contribute to relevant Domestic Homicide Reviews (DHRs) under section 9 of the Domestic Violence, Crime and Victims Act 2004. Fully is defined as ‘providing on request chronologies, completion of Individual Management Reports, attending DHR Panels and implementing recommendations’.

The provider will work with Safer Cornwall to deliver against any DHR recommendations.

**6.6 Service user network**

* The provider will work with existing survivor forums and develop a service user network to be fully embedded within the service, to support service users in the community after exit from supported accommodation;
* The provider will ensure that co-production, service user involvement and collaboration are integral components in the development of the Service;
* The provider will deploy appropriate mechanisms to actively engage service users to provide peer support systems embedded throughout the delivery of the service;
* The provider will take every opportunity to engage Service Users, families and other stakeholders to enable them to contribute at all levels of the organisation within the development of the Service;
* The provider will have a process to demonstrate that service user feedback has been heard and changes have been made where possible and appropriate or if it has not been possible, that decisions are explained;
* The provider will deploy appropriate mechanisms to actively engage current and prior service users for wider consultation to inform the annual needs assessment process in partnership with the commissioner;
* Facilitate service user consultation for needs assessments.

**6.7 Interdependencies with other services and multi-agency working**

This service is part of a multi-agency response to domestic abuse, sexual violence and complex needs. Partnership working and collaboration with a range of other health and social care services, education, employment support agencies, criminal justice agencies, well-being services (e.g. leisure services; health promotion) will be required. These partner agencies are likely to include a variety of statutory, voluntary and independent sector providers, where holistic support plans may be required.

Where necessary the service will develop shared working arrangements with other relevant services to ensure service users’ needs are fully met, and all aspects of their support is co-ordinated.

The provider will:

* Attend all the local Multi Agency Risk Assessment Conferences (MARACs) to represent the victim, where the victim is a resident or ex-resident.
* Ensure management representation at all relevant Groups/Forums and Boards as agreed with the commissioner;
* Support the Domestic Abuse Commissioning Team to develop the service and implement the DASV Strategy.

**6.8 Support through court procedures**

The service will support service users through any court proceedings; criminal and civil, and provide advice on the prosecution process, in collaboration with the local community DASV provider.

**6.9 Restorative Justice**

Service providers are aware of victim entitlement to information about restorative justice under the Code of Practice for Victims and support their service user’s access to information.

Service providers are expected to work collaboratively and in partnership with the PCC commissioned service for all victims of reported and non-reported crime in Devon and Cornwall. This means sharing information, working to agreed protocols around sensitive and complex cases and agreeing joint risk assessments.

**6.10 Ending Support Provision**

Support will be withdrawn from a service user when:

* + A risk to staff/other residents is identified and all reasonable options to mitigate risks have been exhausted, or
  + A structured review identifies that a different service or no further service is required.

Service providers will work to keep evictions to an absolute minimum, striving to deliver an inclusive service. Decisions will be consistent, with a clear decision-making process in place. Where an eviction is likely, staff will work with the Homelessness services, and follow the DASV Housing & Refuge Provision protocol, to ensure appropriate accommodation is found and discharge is made safely.

When an individual disengages from the service the providers must make every attempt to re-engage with the individual, but when this is exhausted providers are permitted to formally discharge.

The decision-making model for ending or extending support provision should be included in a formal policy agreed with the commissioner. The provider will communicate the reasons for the withdrawal of service clearly to the service user. The provider will have a clear process for appeals and complaints that is communicated to and accessible for the service user. The provider will produce a plan in conjunction with relevant agencies, to ensure all essential services are continued. This plan will include actions to re-engage the service user back into the appropriate programs.

# 7. Accessibility:

* 1. **Referrals**

Referrals to the service will be accepted from all agencies, statutory and non-statutory, and self-referrals. This will include agencies from outside of CIOS.

* 1. **Days and hours of operation**

The service should be accessible to all service users, both professionals and the public with hours and days of operation based on local need.

* 1. **Length of stay**

The length of stay will vary with the maximum stay normally being 20 weeks. In cases where a longer stay is necessary, services will inform the commissioning team, with an agreed exit plan and a timetable for review.

The service providers will work with service users to identify and access suitable move-on accommodation and support, where required. The service providers will share information with other support agencies to aid referrals, and to ensure the continuity of assessment and support planning.

* 1. **Premises**

Premises will be fully compliant with all requirements of the Equality Act in respect to accessibility. Location of the dispersed units will give full consideration to the needs of the local population, relative levels of localised demand and public transport links.

A minimum of one building across the county wide provision must be able to deliver wheelchair friendly provision.

The service provider is expected to provide and operate all required premises within the Contract Price.

It is the responsibility of the service provider to ensure that all premises (including vehicles) being used for the service are fit for the purpose of providing the Service.

The service provider will ensure safe working practices and conduct regular risk assessments on all premises utilised where they have sole occupancy and/or responsibility for the building.

* 1. **Response times**

The provider will need to demonstrate equity of access and outcomes across the protected characteristics established within the Equality Act.

* All service users will receive a risk assessment at the point of referral.
* A comprehensive assessment in which individual details and a demographic and risk profile are recorded, safety planning, referrals (if appropriate) or advice and information is achieved. This will take place no longer than 2 weeks after entering the service.
  1. **Promotion, marketing and communications**
* The provider is responsible for adopting and promoting local referral pathways to support service users, identifying gaps and working in partnership to develop pathways.

* The provider will enhance delivery using web-based services and receive initial online referrals from the DASV system using the ECMS.
* The provider will be responsible for providing and maintaining a website, including contributing to the Safer Cornwall website, on which the public and other stakeholders can easily find information on the service.
* The provider will ensure that they implement a comprehensive communications strategy to support service design and delivery, detailing how they will respond to the full range of communication requirements including a response to general enquiries, on-going care management issues and the handling of high risk/crisis/emergency situations.

# 8. Health and safety requirements

* The provider will have, within the last twelve months, successfully completed a prequalification application undertaken by an assessment provider able to demonstrate that its information gathering process conforms to PAS 91.
* The provider will have, within the last twelve months, successfully met the assessment requirements of a scheme in registered membership of the [Safety Schemes in Procurement (SSIP) forum](http://www.ssip.org.uk/)
* The provider will hold a UKAS or equivalent, accredited independent third-party certificate of compliance with BS OHSAS 18001.

If the above is not applicable:

* The provider will be expected to demonstrate and provide evidence of the arrangements for health and safety management that are relevant to the anticipated nature and scale of activity to be undertaken.
* The provider will be expected to demonstrate and provide evidence that your organisation has in place and implements, a system for monitoring health and safety procedures on an ongoing basis and for periodically reviewing and updating that system as necessary.

# 9. Governance

The service will have clarity of accountability between their executive and non-executive roles (trustees/board) with robust performance management, risk and financial management systems and a clear strategy, operating plan and budget. The service provider will provide the commissioner with copies of their quality assurance systems and operational procedures. The service provider must be able to demonstrate how these policies are implemented at an operational level, how and when they are monitored to ensure the quality of services.

The service provider will:

* Have a robust framework with clear lines of accountability between all staff and between the executive management and board;
* Have appropriate role descriptions for all staff in place;
* Be able to demonstrate resources are allocated according to risk and need, and this is reflected in the caseloads of frontline practitioners;
* Have a management structure that identifies and manages key legal, financial and operational risks and has a clear strategy for maintaining its activities within a sustainable organisation;
* Have a management structure that takes responsibility for ensuring the service meets its contractual requirements;
* Have a management structure that monitors appropriate data to ensure the performance and outcomes and regularly reviews practice to ensure continuous evidence led service development or corrective action when required.

The service provider will provide reliable and timely reporting of incidents, including domestic homicides and near misses, serious case reviews, safeguarding adult reviews, drug related deaths and serious and untoward incidents to the commissioner within 3 days of the incident. The service provider will have robust incident reporting procedures within the organisation. Those procedures will include investigation, reporting of findings, learning to be gained (if any), and an action plan to implement that learning.

# 10. Contract Management and KPIs

The service provider shall provide the specified data, statistics or information against the Key Performance Indicators (KPIs) to the commissioner, on a quarterly basis to feed into the Contract Management and Monitoring System. Reports will be sent to commissioners no later than 1 week prior to the contract review meetings.

Monitoring: The service provider will attend quarterly Contract Performance monitoring meetings per annum with representatives from the Authority during the period of the Contract. The Authority reserves the right to request additional monitoring meetings at any point in the year if deemed necessary. The monitoring will comprise of the service specifications being achieved and the Key Performance Indicators being at least met if not exceeded.

Financial Monitoring: The service provider will attend quarterly financial monitoring meetings per annum with representatives from the Authority and be required to confirm details of income and expenditure relating to the operation of this Agreement in relation to the funding allocated for the performance of this contract.

Any areas of concern will be progressed through more frequent service improvement meetings.

The following information should be provided by the Supplier at Contract Management reviews:

* Serious incidents
* Compliments and complaints
* Finance including income and expenditure
* Case studies
* Service development
* Risk escalations
* Safeguarding activity (as per standardised reporting template)
* External reviews and accreditations

Evidence of health and safety, insurance and service user consultation is required to be provided annually.

Performance will be measured by the following KPIs reported on a quarterly basis:

* 1. Referrals

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **KPI description** | **Q1** | **Q2** | **Q3** | **Q4** |
| A0 | Number of initial requests for service |  |  |  |  |
| A1 | Number of referrals:   * By source * By primary support need (DA, HBA, FGM, FM, SV – historic, acute[[6]](#footnote-7)) * By risk level * By equality and diversity information (see appendix 1) |  |  |  |  |
| A2 | % of repeat referrals[[7]](#footnote-8) |  |  |  |  |
| A3 | Number of referrals and initial requests declined (with reasons described in narrative reports accompanying Contract Review reports) |  |  |  |  |

* 1. Activity

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **KPI description** | **Q1** | **Q2** | **Q3** | **Q4** |
| A4 | Number new adults entering service |  |  |  |  |
| A5 | Number new children entering service |  |  |  |  |
| A6 | Number of women receiving support in the following areas that quarter:   * + - Education/training and employment     - Accessing community programmes     - Accessing parenting programmes     - Life skills (support with budgeting, benefits, money management,     - accessing health services     - legal advice     - CYP into schools/nurseries     - Safety planning     - Other (please specify) |  |  |  |  |
| A7 | Number of referrals to MARAC |  |  |  |  |
| A8 | No. of service users exceeding 20 weeks of stay with reasons for extension |  |  |  |  |

* 1. Use of monitoring tools

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No** | **KPI description** | **Definition** | **Q1** | **Q2** | **Q3** | **Q4** |
| B2 | Outcome Tools to be used with all residents: | At episode closure, %age of clients |  |  |  |  |
| B3 | Service users receive an exit interview – summarised responses | %age Clients closing in the quarter |  |  |  |  |

* 1. Engagement

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **KPI description** | **Q1** | **Q2** | **Q3** | **Q4** |
| B4 | Number referrals engaged by equality and diversity information (appendix 1) |  |  |  |  |

* 1. Successful completions

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **KPI description** | **Target** | **Definition** | **Baseline** | **Q1** | **Q2** | **Q3** | **Q4** |
| B5 | Number and % of planned exits based on total leaving the service | Monitoring, no target | Planned exit determined by worker and service user as service |  |  |  |  |  |

* 1. Service user outcomes

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **KPI description** | **Target** | **Definition** | **Q1** | **Q2** | **Q3** | **Q4** |
| B6 | % improving recovery (all) | 80% | Tools to be defined and agreed  for both adults and CYP |  |  |  |  |
| B9 | % of service users satisfied with the service they have received using a victim satisfaction survey | 85% |  |  |  |  |  |

**Safeguarding Adults and Children**

Safeguarding Adults alerts

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ref no** | **Safeguarding adults alerts** | **Q1** | **Q2** | **Q3** | **Q4** |
| SA1 | Raised within organisation |  |  |  |  |
| SA2 | Of the above the number partially or fully substantiated |  |  |  |  |
| SA3 | Referrals to adult safeguarding |  |  |  |  |
| SA4 | Attendance at MARAC |  |  |  |  |
| SA5 | Number of Safeguarding Adult cases whereby perpetrator is a partner or family member |  |  |  |  |

Safeguarding Children Management

Safeguarding children alerts

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ref no** | **Description** | **Apr** | **May** | **Jun** | **Jul** |
| SC1 | Referrals to MARU |  |  |  |  |
| SC2 | Number of child protection plan |  |  |  |  |
| SC4 | Number of CHIN |  |  |  |  |
| SC5 | Number of child protection conferences attended |  |  |  |  |
| SC7 | Number TAC meetings |  |  |  |  |
| SC8 | Number TfF families identified |  |  |  |  |
| SC10 | No. of children in households where the adult victim is engaged in both domestic abuse and sexual violence services |  |  |  |  |

Bi-annual narrative report to include:

* Evidence that the service has systems in place to identify and act on the risks that have potential to become safeguarding adults and children concerns
* Evidence that the service provides supervision and support for staff involved in safeguarding adults and children procedures
* Evidence that safeguarding adults/children competencies are built into appraisal and supervision processes
* Evidence to show the service has systems in place for person centred care to meet the needs of service users at particular risk of neglect, harm or abuse
* Evidence that the service safeguards adults/children by addressing staff performance concerns

**Prevent**

Information **required bi- annually** (October & April) to evidence compliance with Prevent and the Prevent guidance toolkit. To include the following as a minimum:

* Comprehensive Policy complying with the principles contained within Prevent and the Prevent Guidance toolkit – updated to reflect national guidance
* WRAP training compliance for identified staff and volunteers delivered by accredited trainers
* Prevent Lead within the organisation
* Notification to commissioning body if a change to the prevent lead

**Workforce Information – information required bi-annually**

|  |  |
| --- | --- |
| **Indicator** | **Method of Measure** |
| Vacancy Rate - All Staff | % of total vacant posts (FTE) as a proportion of total substantive staff in post |
| Temporary Staffing Usage - Overall (Bank, Agency and Locum)  Not to be looked at in isolation – temp staffing usage could increase in response to increased activity, cover for high sickness etc. However suggest if consistently too high could lead to potential issues with consistent service delivery | % of total temporary staff used in month (FTE) as a proportion of total substantive staff in post |
| Labour Turnover rate - All staff | % of heads left in rolling 12-month period as a proportion of average staff in post in period |
| Evidence of supporting staff health and well-being | Narrative response based on local health and wellbeing initiatives and staff survey actions |
| Overall Sickness absence % (month)  Where overall sickness rate is over 4.5%, there may be a request for discussion with commissioner. This may include a request for a more detailed breakdown regarding the splits of long/short term absences and involve a dialogue with the provider to explore any underlying issues and action plans | % all staff sickness absence for the month (FTE days lost / FTE days available) |
| Overall Sickness absence % (year to date) | % all staff sickness absence for the year to date (FTE days lost / FTE days available) |
| Workforce Planning - plan vs. actual  If significant variance from plan (>5%) explanation for causes for this variance and the planned actions to mitigate against this variance | High level position - actual FTE in post vs. planned FTE from workforce plan |
| Mandatory training - % all staff compliant in the following training (this should include all volunteers and mentors):   1. Domestic Abuse, Stalking and Honour Based Abuse Risk Assessment 2. Mental Health First Aid 3. ASIST 4. Basic Drug Awareness 5. Alcohol Identification and Brief Advice 6. WRAP 7. Motivational Interviewing 8. Safeguarding 9. Naloxone administration 10. Basic First Aid and life support | % of all staff compliant with mandatory training requirements |

# 11. Security, technology systems and management techniques

**11.1 Minimum information and intelligence standards**

The provider will have the capability to create, maintain, store and retain Service User Records, using the DASV team-procured Electronic Case Management System (ECMS).  Any such records be kept in a secure location and be compliant with general data protection regulation (GDPR), Data Protection Act 2018, consent requirements, and the Common Law Duty of Confidentiality.

The provider will be expected to record service user information and case notes at a standard to ensure the relevant areas of the Safer Cornwall DASV Outcome Framework and contract requirements can be met.

Electronic case notes are the most secure reliable and efficient method to record, store and share information. Written notes are not in line with the expectation of the data controller (Cornwall Council) and do not fulfil the contract of the data processor. Due to the nature of the work and the risk of harm that is being managed, on a daily basis, it is imperative that all case notes are thorough (fit for purpose) and contemporaneous.

It is essential that providers are able to evidence the work carried out, document the interaction and contact they have had with service users, throughout the service user’s engagement with the service. Contemporaneous case notes allow for audit trails and evidential support in the event of a complaint, accident or incident resulting in harm and also assist in the day to day safeguarding of all staff and partner agency professionals.

The provider will also be expected to comply with the NHS Code of Practice on Confidentiality, Protecting and Using Patient Information (A Manual for Caldecott Guardians), the NHS Information Governance Toolkit, and the security management standard BS 7799-2. Confidentiality and its limitations will be clearly explained to service users during the intake process. Service users will be provided with a confidentiality agreement to sign and say they have understood confidentiality and information sharing and to consent to support. The service provider will use the confidentiality statement agreed with the commissioner.

The provider will be data processor and the commissioner data controller for the lifetime of the contract in that they are responsible for the processing and storage of records pertaining to service users in receipt of direct care and information used for reporting purposes. At cessation of the contract the provider will supply the commissioner with an electronic copy of service user records and performance relevant information to allow facilitated transfer of records to an incoming provide, in the event that said records exist outside of the ECMS.

Information sharing is needed to assure continuity of support. It is important to ensure consistency in terms of what, when and how information isshared. The provider will collect sensitive and personal data through the assessment process and subsequent recovery journey; the general data protection regulation (GDPR), the Data Protection act 2018 and other UK or EU data protection legislation and Human Rights Act 1998 apply at all times. The provider will sign and adhere to the relevant Information Governance Protocols (MARAC, MARU etc.) and any other local partnership Information Sharing Protocols (DASV Information Sharing Protocol, Electronic Case Management System Information Sharing Agreement etc.).

The provider will ensure that they have a policy and procedure for dealing with service user (or representative) requests to view their records (‘subject access’ requests) in accordance with Cornwall Council’s information governance processes, the general data protection regulation (GDPR) and the data protection act 2018 and all other relevant UK or EU data protection legislation at all times. The provider must be able to provide datasets to the commissioner and to analyse and produce reports on domestic abuse service information as determined by the Commissioner.  All data and reports must meet Commissioner requirements and the system must be ‘future-proofed’. The service provider will be responsible for ensuring staff are fully trained and able to use the electronic case management system for both case management and reporting purposes. This ECMS will be the single authoritative record of information for an individual, throughout their engagement with the service; as such records must be maintained and up to date with all relevant service user information and contact.

There will be quarterly monitoring meetings of the service provider and the Commissioner. Monitoring arrangements will be further developed between the service provider and Commissioner following contract award.

The provider will submit accurate and true information to the relevant areas of the Safer Cornwall DASV Outcome framework on a quarterly basis. This information will be 100% complete and of high quality and it will reliably reflect the actual activity of the service. For assurance purposes, the provider will provide a quarterly data quality exceptions report and remedial action plan to the commissioner.

The provider will ensure compliance with relevant outcomes profile requirements. The provider will ensure that the outcome tools agreed with the commissioner are integral to practice and will have processes to share outcome reports at all levels within the organisation, to continually improve service standards and motivation of staff. The provider will use the information gathered through the outcome tools as the basis for reporting relevant outcomes to the commissioner.

The provider must assure the commissioner that they have the capability and robust mechanisms to routinely collect Service User level data, regarding all the protected characteristics and to identify where extra needs arise due to protected characteristics; in particular referrals, access, service user experience and outcomes.

The provider will inform the Commissioner of any additional reporting mechanisms they place upon staff in addition to those required by the commissioner, so as to minimise the burden of recording and reporting placed upon staff and maximise face to face time with service users.

The provider will analyse and understand where there is inequality of access and where there is inequality of outcomes across the protected characteristics. The provider will undertake a comprehensive impact assessment which will be supplied to the commissioner to support Needs Assessment and Service Planning processes and updated annually.

The Commissioners have a duty to monitor contract compliance and standard of the service provided to Service Users by the provider. This will be done by reviewing and monitoring the service as detailed in the Service Specification.

As part of the monitoring arrangements, the providers will be required to meet agreed performance indicators based on evidencing progress on meeting the outcomes identified in the specification. The final set of local indicators will be developed and agreed between the providers and Commissioner.

The Commissioners will carry out a monitoring visit at least once during the Agreement Period. The monitoring visit will include policies, procedures, written -plans and strategies within the service; staff files and Service User files; complaints log; adverse incident reports; clinical audits, staff training records; and other relevant matters as specified by the Commissioner. The monitoring visit may include informal talks with Service Users and/or staff. The Commissioner retains the right to visit the provider without prior notice.

The Service provider will use and make available appropriate secure email for all business, in particular the circulation of personal information and service user details.

**11.2 Intellectual property rights**

The provider shall not in connection with the performance of the Service, use, manufacture, supply or deliver any process, article, matter or thing, the use, manufacture, supply or delivery of which would be an infringement of any Intellectual Property Rights.

The provider must fully indemnify the Commissioner on demand against all losses, action, claims, proceedings, expenses, costs and damages of whatsoever nature arising out of the breach of the warranty in this Clause.

Any and all Intellectual Property Rights developed for the purpose of providing the Service under this Agreement or arising generally from the provision of the Service by the provider shall belong to the Commissioner and the provider agrees that it shall execute or cause to be executed (by its staff if necessary) all deeds, documents and acts required to vest such intellectual Property Rights in the Commissioner.

The provider shall keep strictly confidential, and shall ensure that its staff keep strictly confidential, any and all information which is learnt or obtained by the provider and/or its staff in the provision of the Service and shall enter into a confidentiality agreement with the Council should this be required by the Council.

# 12. Safeguarding

The service will ensure that the welfare and rights of children, young people and adults remains paramount and that all children and young people are effectively safeguarded with due consideration but not exclusively to the:

* Children’s Act 2004
* Human Rights Act 1998
* United Nations Convention on the Rights of the Child (UNCRC)
* Homelessness Reduction Act 2017
* The Care Act 2014

The service will ensure that all staff and volunteers conform to all safeguarding children and child protection legislation, adult safeguarding legislation, national Working Together guidelines, and any future amendments/additions to such legislation and/or guidelines.

The provider will ensure that workforce development plans includes Safeguarding (adult and child) and Child Protection Training for all relevant to staff roles.

The provider will follow local protocols in instances where there are concerns about a child’s care, development or welfare, to enable proper assessment of the child’s circumstances.

The provider will have a Policy on Abuse with robust procedures on how to deal with alleged or suspected cases of abuse, regarding both the person experiencing the abuse and the person engaging in abusive behaviour.

The provider will include, in their Policy on Abuse, an adherence to the CIOS Safeguarding Adults Multi Agency Policy and procedure.

The provider will include, in their Policy on Abuse, that any incidence of alleged or suspected abuse by a professional must be reported to the Local Authority Designated Officer (LADO) and the commissioner.

The provider will ensure that all members of staff cover Protection from Abuse, Code of Conduct and Professional Boundaries and whistleblowing in their Induction programme.

The provider will ensure that members of staff are adequately trained in Protection from Abuse and receive on-going training on a regular basis.

The provider will have a Recruitment and Selection Policy and procedure that aim to eliminate discrimination and ensure fair treatment for all applicants.

The provider will have procedures for ensuring all those working for the provider including volunteers’ and mentors have a DBS check or enhanced DBS check before taking up a position working with vulnerable people. They will have procedures for ensuring that references for all successful applicants are sought before acceptance into the post.

The provider will have a Code of Conduct for the guidance of staff, and processes for eliminating personal gain through position.

# 13. Training and staff management

The service will have a strong policy framework which reflects the specific challenges of working with domestic abuse and sexual violence victims. They will employ qualified and well supported staff, recruit them in a safe and considered way and provide them with the opportunities for continuous professional development (CPD).

* The service provider will ensure all staff and volunteers are recruited, inducted, trained and supported appropriately for work with those who are experiencing or have experienced domestic abuse;
* The service provider will agree with the commissioner, through agreed role profiles and recruitment documents (after contract is let), the qualifications, occupational requirements and appropriateness of all roles intended to work on the delivery of this contract;
* The service provider will be required to ensure all frontline staff have access to 6 weekly line management 1:1 supervision as part of the service provider’s commitment to staff development and well-being. All those with supervisory responsibility will have access to monthly external supervision.
* The service provider will provide opportunities for staff to develop specialisms by providing opportunities for training, CPD and secondments.
* The service provider will effectively manage the risks staff face through their work, provide access to independent supervision to all staff working with service users, and be able to address the situation where employees are victims or perpetrators.

The provider will undertake an annual Training Needs Analysis and produce an action plan to ensure:

* All workers and their line-managers have, or are working towards, evidence of their basic competence in the field
* All workers and their line-managers have completed, or are undertaking, Safeguarding Children and Adults training commensurate with role
* All line managers have completed, or are undertaking, a training course in line-management.
* All workers and their line-managers have the necessary levels of IT literacy
* All staff and volunteers will be required to be trained in Mental Health First Aid, Workshop to Raise Awareness of Prevent (WRAP), Motivational Interviewing, Adverse Childhood Experiences and Trauma-informed approaches, Drug Awareness, Alcohol Identification and Brief Advice, Applied Suicide Intervention Skills Training, (ASIST),, dual diagnosis, Domestic Abuse Level 3, and Trauma-informed support.

**Appendix 1 – Equality and Diversity information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ref no** | **Description** | **Q1** | **Q2** | **Q3** | **Q4** |
| E1 | Number of adult clients of non-acute sexual violence against them |  |  |  |  |
| E2 | Number of Female Genital Mutilation (FGM) cases |  |  |  |  |
| E3 | Number of Honour Based Abuse (HBA) cases |  |  |  |  |
| E4 | Number of female clients (18+) |  |  |  |  |
| E6 | Number of clients with gender reassignment (Transgender) |  |  |  |  |
| E7 | Number of BAMER clients |  |  |  |  |
| E8 | Number of LGBQI+ clients |  |  |  |  |
| E9 | Number of clients that are pregnant |  |  |  |  |
| E10 | Number of clients with physical disability |  |  |  |  |
| E11 | Number of clients with visual disability |  |  |  |  |
| E12 | Number of clients with hearing disability |  |  |  |  |
| E13 | Number of clients with learning disability |  |  |  |  |
| E14 | Number of victims identified with problematic drug and/or alcohol use |  |  |  |  |
| E15 | Number of clients engaged with mental health services on referral (by service) |  |  |  |  |
| E16 | Number of clients with unmet mental health needs |  |  |  |  |
| E17 | Number of clients engaged with drug and/or alcohol services |  |  |  |  |
| E18 | Number of clients referred to drug and/or alcohol |  |  |  |  |
| E19 | Number of female clients (under 18) |  |  |  |  |
| E20 | Number of male clients (under 18) |  |  |  |  |

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Domestic Abuse & Sexual Violence Team

Neighbourhoods

May 2021

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1. HM Government (2015), Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children (2015) [↑](#footnote-ref-2)
2. Hackett, S (2014). *Children and young people with harmful sexual behaviours*. London: Research in Practice. [↑](#footnote-ref-3)
3. [Public Health Outcomes Framework 2016-2019](https://www.gov.uk/government/publications/public-health-outcomes-framework-2016-to-2019), Department of Health (August 2016) [↑](#footnote-ref-4)
4. [1]     Crime Survey for England and Wales (ONS) - prevalence of domestic abuse among adults aged 16 to 74, by type of abuse and sex, year ending March 2020 - Any domestic abuse (partner or family non-physical abuse, threats, force, sexual assault or stalking) [↑](#footnote-ref-5)
5. [2]Crime Survey for England and Wales (ONS) - Prevalence of sexual assault among adults aged 16 to 74, by type of sexual assault and sex, year ending March 2020 - Any sexual assault (including attempts)

   [3] CSEW prevalence estimates for DA and SV include young people aged 16+. Radford (2011), study asked 2,275 children aged 11-17 about their experiences of abuse. 4.8% of 11- to 17-year-olds (7.0% of girls and 2.6% of boys) had experienced contact abuse at some point in their lives – this equates to an estimate of 1 in 20 young people, 5,156 in Cornwall. Police data counts all CYP under the age of 16.  [↑](#footnote-ref-6)
6. Acute = within forensic window, historic = outside forensic window [↑](#footnote-ref-7)
7. Safe Lives definition of repeat – repeat within 12 months [↑](#footnote-ref-8)